

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 169454**

1. Entity Name

BISCAYNE ELECTRIC AND HARDWARE DISTRIBUTORS, INC**FILED****Feb 16, 2000 8:00 am**
Secretary of State

02-16-2000 90058 007 ***150.00

Principal Place of Business

Mailing Address

1140 NW 159TH DRIVE
MIAMI FL 33169**1140 NW 159TH DRIVE**
MIAMI FLA 33169-5808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0674810

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****SPELTON, VICKI**
1140 NW 159 DRIVE
MIAMI FL 33169

Name

Alan F. Troop

Street Address (P.O. Box Number is Not Acceptable)

1140 Northwest 159th Drive

City

Miami**FL**

Zip Code

33169

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **VPD** ☐ Delete
NAME **TROOP, ALAN**
STREET ADDRESS **1140 N W 159TH DR**
CITY-ST-ZIP **MIAMI, FL 00000**TITLE **Pres., Dir.** ☒ Change ☐ Addition
NAME **Alan F. Troop**
STREET ADDRESS **1140 Northwest 159th Drive**
CITY-ST-ZIP **Miami, Florida 33169**TITLE **P** ☐ Delete
NAME **SPELTON, VICKI**
STREET ADDRESS **1140 NW 159 DR.**
CITY-ST-ZIP **MIAMI FL**TITLE **Sec., Treas., Dir.** ☒ Change ☐ Addition
NAME **Vicki Spelton**
STREET ADDRESS **1140 Northwest 159th Drive**
CITY-ST-ZIP **Miami, Florida 33169**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)